BINDING

RESERVED FOR

MARGIN

County Carrolf 19966	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City of Full NAME Lucretia &.	St.; Ward) [If death occurred the a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Heinel White Branied 6 DATE OF BIRTH 4 COLOR OR RACE 5 STINGLE, MARRIED, MANUEL OR-DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Nov / 7 191 4 to Nov / 6 1915
(Month) (Day) , 1848	that I last saw h 2 alive on Mor. 16, 1915,
7 AGE 6 7 8 mos. 24 ds. or min.?	and that death occurred on the date stated above, at 70 m. The CAUSE OF DEATH * was as follows:
8/OCCUPATION (a) Trade, profession, or Fairsewifz (b) General nature of Industry business, or establishment in which employed (or employer)	Colon strmay sile 1.13 (Duration) / yrs mos ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Durating) yrs, mos. ds,
10 NAME OF GEORGE Richards, Jr. 11 BIRTHPLACE OF FATHER (State or country) Many land 12 MAIDEN NAME:	(Signed) Edgas M. O. M. O. /// / 1915 (Address) Humpoliad Md State the DISEASE CAUSING DEATH, on in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER Liverida algerr 13 BIRTHPLACE OF MOTHER (State or country) Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At placa In the of death
(Informant) Paward Chipton	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Laufstead Md 15 Filed Mov 17, 1915 Phologomersky Lagrado REGISTRAR	Place of Burial or REMOVAL Nesley Chapel 30 UNDERTAKER ADDRESS AUGUSTICAL AUGUSTICAL
If more blanks are needed, address State Registrar,	Me

[Approved by U. S. Census and American Public Health
Association.]

write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At schaal or At hame. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entured as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more mill; (o) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But in many cases, cion, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Caal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee genital," under the head of "Contributory." (Recommendations head-hamicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; birth or misearriage as "Puerpenal septicharmia,"
"Puerpenal peritanitis," etc. State cause for which eaugh; Chranic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercuron Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," lapse," "Coma," "Anacmia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," ehopneumania (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds., Bran-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinama, Sarcoma, etc., of rent) affection need not be stated unless important. (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Convulsions," "Dropsy," "Debility" "Atrophy," "Col-"Exhaustion," ("Con-



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Every !	item	of	Infor	mat	fon s	shoul	q p	0	refui	ly s	Iddn	led.	AGE	sho	pine	s st	ated	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	PH	SICI
CAUSE	10	DE	ATH	_	piain	1 terr	ns,	80	that	it i	nay	be	proper	riy c	iassif	ied.	Exac	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	o	000
Importa	ant.	See	Inst	ruct	Suoi	on b	ack	00	sertiff	cate	eş.	2								

19364 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County, Registration Dist. No.... Lif death occurred to Viilage or Git St:----Ward) a hospital or institution, give its NAME lostead of street and number. 7 * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Year) (Day) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as jollows: OR min. ? OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place to the OF MOTHER of death _____ yrs. ___ mos. ___ ds. State _____ yrs. ___ mos. Where was disease contracted. If not at place of death?-Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDRESS REGISTRAP If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

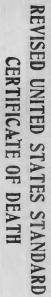
cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, mine, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puerperal scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association:) "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of __ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the d8.



PLACE OF DEATH	STATE OF MARYLAND
County Carroll 19365	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City Mrior Bridg E(No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Charles Napole	ever Black of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3, 191 (Month) (Day (Year)
7	17 I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH	Bet-31- , 1915, to 200-3- , 1915
(Month) (Day (Year)	that I last saw h alive on Nov - 2 - ,191
7 AGE If LESS than	and that death occurred on the date stated above, at 1.2.
2 yrs 6 mos ds or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work	acute of fuse neplant
(b) Deneral nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. mos.
9 BIRTHPLACE (State or country)	Contributory Secondary
	(Ouration)yrsmos
10 NAME OF Walter Black	(Signed) Chas. J. Schwadt M.
O 11 BIRTHPLACE O OO P	non 3- 191 5 (Addross) Almon Briles
OF FATHER (State or country) Carroll Co,	
12 MAIDEN NAME A DE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Carolide Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
13 BIRTHPLACE OF MOTHER (State or country) Carroll Co.	At place in the of death yrs mos ds. State yrs mos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Meeter Black	Former or
4 · AM -1 - MA-1	usual residence
(Address) In Model 149	DATE OF BURIAL
16 W	Mry CEuclery, DIV JI, 1915
Filed 1915 Shy TOlublan	I A Sharing winn Bredge
REGISTRAR If more blanks are needed address State Passis	And



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers statement. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. (a) Spinner, (b) Colton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foremau." engineer.

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of langs, meninges, perilonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e.g., by curbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nalvular heart disease; Chronic interslitial nephrilis, is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated nuder the head Always qualify all diseases resulting from (Recommendatious on statement of State cause for For vio-



B. No.

.

N.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	STATE OF MARYLAND
19366	CERTIFICATE OF DEATH
County	23
(0,00+	Registration Dist. No.
Village or City and (No	St.; Ward) [It death occurred to a hospital or institution,
(give its NAME instead
2 FULL NAME Removed to	of street and number.]
FOLL HAML	11 00
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH NOV. 9 % - 1915
male which widowed, or Disposed (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
min 9th 1015	1915, to Nov. 9 12 1913,
(Month) (Day) (Year)	that I last saw have alive on now 9th, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 1 Pm.
f day,Ohrs.	The CAUSE OF DEATH* was as follows:
yrsmosds. ORmin. ?	Premature lurg
OCCUPATION (a) Frade, protession, or	
particular kind of work	***************************************
(b) General nature of industry, business, or establishment in	(Quration) yrs mos 3 has
which employed (or employer)	
State or country	Gentributory(Secondary)
avoide to freq	(Deration) yrs mos ds.
10 NAME OF PATHER OF A ROOM	(Signed) Duis Cloodward N. O.
11 BIRTHPLACE	Mon 9th 1915 (Address) DE Security De
OFFATHER (State or country arrall of Moller NAME OF MOTHER STATE OF MOTHER STA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
W 12 MAIDEN NAME C	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER SOMO SOOR	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Af place In the
(State or country Sattewar, Md	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(informant) Esther Blizzard	Former or
0 +1 241	usuai residence
(Address) Palapseo Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Bethel Cemetery Nov 9, 1915
Filed Nov /2,1915 In Jessee	20 UNDERTAKER ADDRESS
REGISTRAR	Valapseo Md.
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the gainfully employed, as At school or At home. Care mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ "Contributory." is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



1 PLACE OF DEATH

County Course 19367 (7°)	CERTIFICATE OF DEATH
Village or City Sytemile (No. Apring fie 2 FULL NAME Jane Broadbelt	Registration Dist. No. [If death occurred in a hospitat or institution, give its NAME instead of sireet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE 5 SINGLE, MARRIED, MANIES OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH MOT (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 day. hrs.	that I last saw har alive on
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in	(Burellon) re ds.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory General arteris Selevoses Secondary VInterdicted Mifferentia (Durollon) Misk Most Co.
TATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TO MOTHER TO MOTHER TO MOTHER	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, stain (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of Mother flame, Sund	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piece in the Life mos. de. State, mos. de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) AND LEGIS	Where was disease contracted, If not at place of deeth?
(Address) Sy Rentle 16 Filed M. 71, 1915 Party of Quaria -	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OUT OF BURIAL OUT OF BURIAL OUT OF BURIAL ADDRESS ADDRESS
1f more blanks are needed, address State Registrar 1	6 W Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery; (a) Foreman, business or industry, and therefore an additional line first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumania ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of 'suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-probably "PUEHPERAL pertonitis," etc. State cause for which birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated nuless important. cough; Chronic valvular heart disease; Chronic interstitial Example: Meastes (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcama, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping The nature of the injury,: as fracture of skull "PUERPERAL seplichuemia, "Dropsy," (Recommendations "Exhaustion,



STATE OF MARYLAND

1910

(Year)

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None business, that faet may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If-the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At hame. Care should he wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseengaged in domestic service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Catton of the second statement. is provided for the latter statement; it should be used cian, Compositor, Architect, Locomative engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi--Caal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthful-For persons who have no occupation whatever, Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of jungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," lapse," "Coma," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronmephrilis, etc. The contributory (secondary or intercurcough; Chronic valvulur heart disease; Chronic interstitial ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. "Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Convulsions," "Dropsy," carbolic acid-probably "Debility" ("Con-"Atrophy," "Col-"Exhaustion,"



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

1 PLACE OF DEATH

County Carroll 19369	CERTIFICATE OF DEATH Registration Dist. No. 80
Village or City WWWindson (No. , Shill-by	St.; Ward) Brown [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Unknown White Single, Married, Widowed OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH MINTEN 25th, 1915 (Month) (Day) (Yoar)
8 DATE OF BIRTH Morembal 25th, 1915	I HEREBY CERTIFY, That I attended deceased from, 191, to, 191,
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. yrs. mos. ds. OR min.?	that I last saw h
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	Still-buth (Ourstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary (Ourstion), yrs. mos. ds.
10 NAME OF FATHER John a, Brown 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) Status Glatty M. O. M
(State or country) (State or country) (State or country) (Augustan Country) (State or country) (State or country) (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the state of death yrs
(Informant) John O. Down	Where was disease controlled, if not of place of death? Former or usual residence
(Address) New Windson.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Unknown 191
Filed Nov-27, 1915- J. Bolivard West	20 UNDERTAKER ADDRESS None
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Tealer," etc., of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puerperal septichaemia," by Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," railway train-accident; Revolver The contributory (secondary or intercur-Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," unportant. wound of



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No 23 Ilf death occurred la St.:...Ward) a hospital or lostitution give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE S SINGLE, MARRIED, Widowe (Month) ORDIVORCEO (Write the word) OF BIRTH 1836 (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIOAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place to the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State ____ yrs. _ Where was disease contracted, If not at place of death?. Former or osoal residence REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Groccry; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Ptanter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mitl; (a) Satcsman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 20 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the "Heart failurc," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendatious on statement of "Dropsy," "Exhaustion," For Vio-



County Cana			13	CERTIFICATE (DF DEATH
Village or City 2 FULL NAI	essil (No. ME Raped X	Cart	es That As	St; Ward)	[If death occurred in a hospifal or institution, give its NAME instead of street and number.]
PERSONAL A	ND STATISTICAL PARTIC	ULARS	1	MEDICAL CERTIFICATE	OF DEATH
male W	OR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCE (Write the work	Lingly	16 DATE OF DE	(Month)	(Day) (Year)
6 DATE OF BIRTH	Sco /2 (Month) (Day	, 1862 (Year)	no 16	w have alive on AA	1 He , 1915.
7 AGE 5-3	yrs. mos. ds	if LESS than 1 day, hrs.	and that deat	th occurred on the date s OF DEATH * was as follo	tated above, at //
B OCCUPATION (a) Trade, profession, or (a) Trade, profession, or particular kind of work (b) General nature of lodus husiness, or establishment which employed (or employe BIRTHPLACE (State or country)	fry /	men	Contribute Secondary	Monary Ochema & Couration) ory Plente Brighto	achiec rilotation
10 NAME OF FATHER	Lawy Cars		(Signad)	D. Turdent	, M. D
Z STATE OF FATHER (State or counts		TUS	State t CAUSES, state SUICINAL OF	he DISEASE CAUSING DEATH, or le (1) MEANS OF INJURY; and HOMICIOAL.	in deaths from VIOLENT
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or count) 14 THE ABOVE IS TRUE	on Haward &	eni o Qui	OR RECENT R	mes. / O ds. State	1.
(fnformant)	pt work	, ,	Former or usual residence	Durham north	Carolina
(Address)	Kesntle Me	J.	19 PLACE OF B	us Cometery	NEN 30, 191 57

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

19371

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question yrs.). Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death in the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated heod-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," railway train-accident; Revolver wound The contributory (secondary or intercur-State cause for which (Recommendations Never report merc "Exhaustion,



[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very in:portant, so that the relative liealthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin

and consequences (e. g., sepsis, tetanus) may be stated genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-mus," "Old Age," "Shock," "Uraemia," "Weaknese," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUBRICAL peritonitis," etc. State cause for which etc., when a definite disease can be accertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report's mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitual "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS lapse," "Coma," "Anaemia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia," by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Convulsions," carbolic acid-probably "Debility" ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

[Approved by U. S. Census and American Public Health Assectation.]

cough; Chronic valvular heart disease; Chronic interstitial

Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles: Whooping

taken to report specifically the occupations of persons employed, as At school or At home. Care should be state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Never return "Laborer," Locomolive engineer, If retired from without more The question (b) Auto-

spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, meninfever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: CAUSING DEATH (the primary affection with respect to time and causation), Statement of Cause of Death-Name, first, the DISEASE pneumonia. Bronchopneumonia using always the same accepted ("Pneumonia, Cerebrospinal

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated hcad-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, on Nomenclature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deatis "PUERPERAL perilonilis," etc. cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, chopneumonia (secondary), 10 ds. If this certificate is looked over thoroughly and all quesor miscarriage as "Puerperal septichumia," by railway train-accident; Revolver Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, あ時の可じて可じ DEC/_ 2 1915 State cause for which Never report mere nound.

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-All the data is essential and must be obtained before





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1 PLACE OF DEATH	I self-interest to the	STATE OF MARYLAND
- and	1	CERTIFICATE OF DEATH
County X WCW	19371 (4	(0)/
011	100.4	Registration Dist. No.
Village or City Humbele	(No	St.; Ward) [If death occurre
	5 01	a hospital or institut
2 FULL NAME Jaa	ni cleer	ad of street and numbe
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5	SINGLE,	16 DATE OF DEATH
64 la molita	WIDOWED MALLE	(Month) (Day) (Yo
Temase " war	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased f
6 DATE OF BIRTH	1 11 000	Cert 1 1- ,1915-, to Nov 676, 19
/WV	(Day) (Year)	that I last saw he malive on Aou 6 th 19
7 AGE	If LESS than	
26 11	12_ 1 day,hrs.	
yrs.// mo	ds. OR min.?	- The SAGE OF SEATH & Was as follows.
8 OCCUPATION (a) Trade, profession, or	. /	Carinoma of the Breach
particular kind of work	usewift	
(b) General nature of Industry business, or establishment in	f. V	(Ouration) / yrs. Ø. mos. Ø.
which employed (or employer)	nrows	Contributory
9 BIRTHPLACE (State or country)	The alice	Secondary
10 NAME OF ON	Juruna	— (Ourailon)yrsmos
FATHER News	V. Millegan	(Signed) M Rest
II BIRTHPLACE	0	11/9 , 1912 (Address & ampshod)
Z OF FATHER (State or country) 12 MAIDEN NAME A	land	*State the DISEASE CAUSING DEATH, or in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTA
C 12 MAIDEN NAME OF MOTHER	f CO. 1	SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	1 aservas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)
OF MOTHER (State or country)	of Varolina	At place tn the of deathyrsmosds. Stata,yrsmos
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where wes disease contracted, if not at place of death?
Solut O	Tipton	Former or
(Informant) Carro	4 0 < 1	usual residence
(Address) Vaimps	lead mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 11/4/11 10 100	Che !.	Wesley Chape 1111 10, 101
119/15	institutely	20 UNDERTAKER ADDRESS
Filed , 191	7.)	

[Approved by U. S. Consus and American Public Health Association.]

who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, At home. Care should be Never return engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Published in instantiage as "Published septichaemia," "Published peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H:emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic ocid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 de.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping chopneumonia rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intereur-Never report mere



[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Rarm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUEEPEBAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for malls. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 da. "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

V. S. No. 1.

CAUSE OF Important. S

N.B.

1 PLACE OF DEATH

19376

STATE OF MARYLAND

County Darroll	(9) CERTIFICATE OF DEATH
Village or City Duningo (No.,	Registration Dist. No. St.; Ward) [If death occurred is a hospital or lostitution,
FULL NAME Brush REMM -	fares give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Write the word)	16 DATE OF DEATH Nov 14, 1915 (Month) (Day (Year)
DATE OF BIRTH Coper. 9, 1908	that I last saw been alive on Nov 14 1915
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 5° P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Laryngen Dipthana (Duration) yrs mos 3 ds.
BIRTHPLACE (State or country) Mary land	Contributory Secondary (Deration) yrs mos ds
10 NAME OF FATHER Nicholas A. Farner 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) M. D. Causte, M. D. Nov 14, 1915 (Address) Alt any
13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Acholes M. Januar	of deathyrsmosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or osual residence.
16 (Address) S. Mushminshi Mish,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Daylorsville M & Laweley Nov. 15-, 191
Filed Nev. 13 , 1915 Jacob Farrer	20 UNDERTAKER ADDRESS

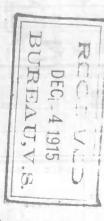
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers ness. If retired from business, that fact may be indl-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH County Carroll 19377 Village or City Chuon Bridge (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, Servel WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dat) (Year) 17 HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs.	that I last saw h alive on and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
yrs	Premature Furth Level Form. (Buration) yrs mos ds. Contributory
10 NAME OF FATHER Davis of Toyle 11 BIRTHPLACE OF FATHER (State or country) Fred 60 WD 12 MAIDEN NAME	(Signed) C (Address) Constitution of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Blauche Eogles 13 BIRTHPLACE OF MOTHER (State or country) First 60 2008 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Daniel Fogle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place tn the ef death yrs. mes. ds. Stats, yrs. mos. ds. Whera was diseasa contractad, if not at placs of death? Former or usual rasidence
(Address) 2000 Bridge 408 15 Filed // 191 School Registrar If more blanks are needed, address State Registrar, 1	19 PLACE OF BURIAL OR REMOVAL Beauty Davis 19 PLACE OF BURIAL 10 DATE OF BURIAL 11 - 25 191 20 UNDERTAKER ADDRESS THE BURIAL 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," many occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from without more (b) Auto-

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on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICINAL, or HOMICIDAN, or as probably such, if impossible surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



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PHYSICIANS

RECORD

OCCUPATION

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred to St :----Ward) a hospital or Institution, give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, SEX MARRIED. WIDDWED. (Month) Write the word I HEREBY CERTIFY, That I attended deceased from (Month) 7 AGE If LESS than 1 day, 6 hrs. OR 3 Omin. ? OCCUPATION (a) Frade, profession, or particular kied of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) _____ yrs. ____ ds. State yrs, ____ mos, ___ ds, Where was disease contracted. If not at place of death? usual residence. DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting . S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death —Name, first, the disease causing death —Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purreran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), tbenia," "Anaemia" (mereiy symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ___ (name origin; "Candeath), 29 State cause for



N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Carroll 19379	CERTIFICATE OF DEATH Registration Dist. No. 7
VIIIage or City Sylvaville Mod (No. Shingfor	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White Single, will she word)	18 OATE OF DEATH Month) (Month) (Day) (Year)
TAGE Control of BIRTH Control of Birth Control of Co	that I last saw here alive on how. 14 1915, and that death occurred on the date stated above, at 2 2m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of ledustry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Chronic Interstellad Maharita ova (Buratlon) 2 yrs. 4 mos. 21 ds. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER Q D 12 MAIOEN NAME OF MOTHER	(Signad)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, ON RECENT RESIDENTS) At placs of desth \(\L \) yrs. \(\frac{1}{2} \) mos. \(\lambda \) ds. Where was dissase contracted, If not at place of death?
(Informant) Sarpulat Revide	Former or usual residence Washing lin lo Mid
(Address) S. S. Hosp., Sy heaville, Ma FRed Word. 14, 191 S. Roby L. Jwain REGISTRAR	Hagerlown Md Nov. J., 1915 20 UNGERTAKER QUE WALLER Plangerting
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Fereman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) i recery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, write None Housemaid, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deares on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," etc. State cause for which birth or iniscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) head-homicide; Struck by railway train—accident; Revolver wound of nephritis, etc. (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Poisoned by carbolic acid-probably "Atrophy," "Col-Never report mere



1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF Registration Dist. No. fif death occorred in a hospital or institution. give its KAME instead of street and number. MEDICAL CERTIFICATE OF DEATH (Month) That I attended deceased and that death occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DATE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekespers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train—accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puenperal septichaemia,"
"Puenperal perilonitis," etc. State cause for which on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent DEATHS eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marae-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-Poisoned by carbolic acid-probably (Recommendations



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. S. No. 1.

	PLACE OF DEATH 19381 /2/2	STATE OF MARYLAND
C	ounty Carroll	CERTIFICATE OF DEATH
		Registration Dist. No. 26
V	Village or City Westmuster (No	St.;Ward) [It death occurred in a hospital or institution,
	2/1 20	give its NAME lostead
	*FULL NAME Mary . E. Tre.	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3s	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOW ORDIVORCED (Write the word)	16 DATE OF DEATH SOCIETY, 1915. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ate of BIRTH Och 23,1800	that I last saw hear alive on every 17 1915
7 A	(Month) (Day) (Year) GE If LESS than	
. A	1 dayhrs.	and that death occurred on the date stated above, at
	6 U yrs. mos. 24 ds. OR mio.?	The CAUSE OF DEATH & was as follows:
	CCUPATION //	A
) Frade, protession, or fousefteefter	from tuluroular candition of
	General nature of industry,	
	iness, or establishment in Lefficient (or employer)	(Duration)yrsmosds.
	TRATHPLACE tate or country) frederick Co Wid	(Secondary)
	10 NAME OF Christian Miller	(Signed) (Si
TS	11 BIRTHPLACE	Não 18, 1915 (Address) Westerpunter and
ARENT	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER Maria Torsest	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Fredice Mid	At place in the of death
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Informant) Walter Greenes	if not at place of death?————————————————————————————————————
	(Address) Westmueller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	7 01	Rockey Hill Coursen Nov 19 1915-
FII	od Mr. 18 1015-19. W. Shriver	20 UNDEATAKER ADDRESS
rii	REGISTRAR	James. M. Slower mestingte.
	If more blanks are needed, address State Begis train	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not mine, etc. statement. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of _ The contributory Always qualify all diseases resulting from (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Carro Registered No. Ilf death occurred in St: Ward) a hospital or institution. give its NAME jostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SFY 4 COLOR OR RACE MARRIED. WIDOWED, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 6 1 day hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (A) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 1915 (Address) Cloth 11 SIRTHPLACE ARENTS OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 SIRTHPLACE Af place OF MOTHER of death _____ yrs. ____ mos. ____ ds. Sfale yrs, ___ Where was disease confracted. If not at place of death?. usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF SURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Baito., Requesting V. S. No. 1. was dead on my arrival.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer it should be used only when necded. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement, material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: (e)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage, as "Purereral septichacgenital," "Senile." etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-State cause for Examples:



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH County Carroll Co., 19383	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City hears James Trans (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or race Single, Married, Wisowes, Words (Write the word)	16 DATE OF DEATH 11 20 ,1915 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
Month (Day (Year)	May 12, 1913. to Nov 20, 1915 that I last saw him alive on Nov 20, 1915
TAGE It LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3.30PM The CAUSE OF DEATH* was as follows: Sarcoma Of Beft Sub- Maxilary gland also L. Jaw-bone.
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Suration) 2 yrs 6 mos ds
TATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Nov, 22, 1915. (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) At place the first the of death from the first the
(Address). 15 Filed Nov-22, 1915 - M.B. Higger Veal State Regist 11 more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKEN ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. Exuant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitie," etc. State cause for valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secoudary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations ou statement of "Dropsy," "Exhaustion," "Puerperal septichae-Never report



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospital or institution. give its NAME Instead of street and number.] REC PERSONAL MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. PERMANENT WIDOWED OR DIVORCEO perly I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH pinous pe If LESS than TAGE . and that death occurred on the date stated above, at 4 am. of 1 day, hrs. O The CAUSE OF DEATH * was as follows: OR min.? terms, so that OCCUPATION 00 supplied (a) Trade, profession, or particular kind of work instructions (b) General nature of industry business, or establishment in which emplayed (or employer) Contributory 9 BIRTHPLACE (State or country) 5 See 10 NAME OF FATHER 드 ۵ pino Important I nov. 23, 1115 RENT OF FATHER *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT 4 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL. (State or country) ш of information 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) AUSE 13 BIRTHPLACE At place In the OF MOTHER S (State or country)yrs.mss.ds. Where was disease contracted. should state CA If not et place of death ?..... Every item usuel residence DATE OF BURIA BURIAL OR REMOVAL (Address 20 UNDERTAKER 8 ż If more blanks are needed, address State Registrat. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Carc should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the pisease causing DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death. Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping counh: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uras mia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL. SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

V. S. No. 1.

N.B.

Cour	land 19385 Mg	CERTIFICATE OF DEATH
	ge or City Um Windan (No. —	Registration Dist. No. [It death occurred in
	2 FULL NAME Krancianna 14 Mi	a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH / /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /9 /
6 DA	TE OF BIRTH Human 79 L 1834 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov. 2.19.15 ,191 , to Nov. 1.3 ,1915 , that I last saw h & alive on Nov. 13 ,1915 ,
7 AG	E 11 LESS than	and that death occurred on the date stated above, at 10.00, m.
	yrs mes 76 ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a	Trade, profession, or	under observations 11 days
. 400) General nature of industry	actual durahu un konser
bu	siness, or establishment in.	(Duration)
9 B	(State or country) Carroll Country, humyland	Contributory For lably arlon a Delivies
	10 NAME OF FATHER LANCE PARE	(Signed) (Buration) yrs. mos. ds.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PARE	12 MAIDEN NAME CALLE PARTE	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death
14 TI	(Informant) Mars Surginia Haines	If not at place of death? Former or usual residence
-	(Address) New Window Enaryland	Stone Charles Cemetery Nov 21, 101 5
15 Fil	ed Nov 20, 191 5 J. Colward West	20 UNDERTAKER, Shrine Union Bridge
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved_by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House---Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. cian, Compositor, Architect, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Peath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent neaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Bron-State cause for which Never report mere wound of



V. S. No. 1.

N.B.

		0,0		PLACE OF DEATH
		CIAN	Coun	by Carvell 300
		PHYSICIANS of statement of	Vilia	ge or City New Kinds (No.
	RD	CTLY. P		2 FULL NAME Boby Lo
)	RECORD	EXAC sified.		PERSONAL AND STATISTICAL PARTICUL
5		clas	3 SE	Sale Shate Single, Married, Widowed or Divorced (Write the word)
	PERMANENT	should be sta be properly f certificate.	6 DA	Movember 18th (Month) (Day)
	IS IS A	AGE shit may b	7 AG	
	INK-THIS	ed.	a	CCUPATION) Trade, profession, or ticular kind of work Consolidation of the trade
UNFADING INK plain terms, so See Instructions			bus wh) General nature of industry iness, or establishment in ich employed (or employer)
	UNFADIN careful! plain terr See Instru	9 81	State or country) New Window	
	WITH UNFADING	פב		10 NAME OF William Lampy
)		EATH portant	ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland
[PLAINLY,	oF D	PARE	12 MAIDEN NAME OF MOTHER PAU Sara J
	WRITE P	of information CAUSE OF DON IS very imp		13 BIRTHPLACE OF MOTHER (State or country) Maryland
•	WR	item of i		(Informant) Milliam on his
		should OCCUF		(Address) Mus Window, "
1. 0.		O S E	15	North ms - O Column

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

mber	Registration D St.; Ward) +	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
ARS	MEDICAL CERTIFICATE	OF DEATH
Single.	18 DATE OF DEATH MOUNTS	(Day) (Year)
	17 HEREBY CERTIFY, That a	
19/3 (Year)	that I last saw h alive on	
1 day, hrs.	and that death occurred on the date s The CAUSE OF DEATH * was as follows:	ows:
7	Spll-bons	
**************************************	(Burstian)	γrs. mos. da.
	Contributory Secondary	yrs. mos. ds.
1	(Signed) Mutuny I little	M. 0.
	State the DISEASE CAUSING DEATH, C CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIDAL.	or, in deaths from VIOLENT (2) whether ACCIDENTAL,
icts	Where was disease contracted,	
OGE -	if not at place of death? Former or usual residence	
nd	19 PLACE OF BURIAL OR REMOVAL Wiknown No S	DATE OF BURIAL'S Sines
West REGISTRAR	20 UNDERTAKER None	ADDRESS

[Approved by U. S. Census and American Public Health

write None. employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitiul ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenperal septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. Examples: Accidental drowning; by railway train-accident; Revolver State cause for which Never report mere (Recommendations "Exhaustion," wound of



BINDING

FOR

MARGIN RESERVED

V. S. No. 1.

County Carroll 19387	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Westminster Te 2 FULL NAME MUNY agre	Registration Dist. No. [If death occurred a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICA PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White 5 SINGLE, MARRIED Willowel OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE March 25 (Day) 1 ESS fhan 1 day, hrs.	that I last saw har alive on the date stated above, at 15
SCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	The CAUSE OF DEATH * was as follows: Value Heart Chicago
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Orelland	Contributory Defendance (Ouration) 2 yrs. mos.
10 NAME OF Thomes Hurley 11 BIRTHPLACE OF FATHER (State or country) Ireland	(Signed) The Joon and Man 20, 191.5 (Address) Will all and Groun Violent of the Dispass Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER CENTRAL 13 BIRTHPLACE	*State the DISPASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OF RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cohas B. Gungling	ef desth
Filed Mr. Lo- 1915 - & M. Chrisee	of Johns Cemetary 11/21 191
REGIRTRAR If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull "Puerperal perilonitis," etc. State cause for which "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Turner" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-Never report mere



1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line applies to each and every person, irrespective of age is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates etc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantition," "Marasmus," "Old Age," "Shock," "Urasmia," "Weakness," "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from child-"Ansemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "PUENPERAL septichaemia," carbolic acid-probably State cause for which

If this certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEGL. 2 1915 BURTAU, V.S.

1 PLACE OF DEATH 19967 County Canall	STATE OF MARYLAND CERTIFICATE OF DEATH
30111111	Registration Dist. No.
Village or City of tacups lead (No	St.; Ward) [It dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word	(Month) (Day) (Year)
6 DATE OF BIRTH OF 6 (Month) (Month) (Day) (Ye	17 I HEREBY CERTIFY, That I attended deceased from 191, to 19
7 AGE 9 1 LESS 1 day	than hrs.
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	articaler Rhumslim (Buration) yrs mos do
which employed (or employer) 9 BIRTHPLACE (State or country) Manualand	Contributory Secondary
10 NAME OF Juliu Munay	(Signed) 9 (Duration) yrs. mos. de
State or chuntry) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal or Homicidal.
of Mother Sarah Baseman 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Mary Land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place to the control of death control
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Whare was disease contracted, if not all place of death? Former or usual residence
(Address) Humpstead M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12-7, 1915
Filed JUV 30, 151 A Bleene Music	29 UNDERTAKER Ston How Hampstead
If mare blanks are needed, address State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook; employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm laborer, Laborer of the second statement. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ageness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or misearriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which suicide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (inerely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopmeumonio (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart discose; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of by roilway train-occident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Dropsy," "Exhaustion," ("Con-



	PLACE OF DEATH County fandl Village or City Sylvanille Md (No. Shing for	
	2 FULL NAME Kate It. Mewcon	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX COLOR OR RACE 5 SINGLE, MARRIEO, Widow WIOOWEO OR OIVORCEO (Write the word)	16 DATE OF DEATH Mounth (Month) (Day) (Year)
of certificate	6 DATE OF BIRTH Malanoum 1840	that I last saw has alive on Managery 9 1915
back of ce	7 AGE (Month) (Day) (Year) 1 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2. 22 m. The CAUSE OF DEATH * was as follows:
instructions on	© OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) ### A Management of the country	(Burellon)
Important. See	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (MMMVVVVV 12 MAIOEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Market) (Address) S. Horf. Sylvanell (Market) (State the Disease Causing Drath, or, in deaths from Violent Causme, state (1) Means of Injunt; and (2) whether Accidental, Suicidal or Homicidal.
is very	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERTS OR RECENT RESIDENTS) At piece in the state of death yes. / mes. / de. Stete, / yes. / mos. / de. Where we disease contracted, if not of place of death?
OCCUPATION	(Address) S. S. Hosp. Syparille, Md 15 The No 8, 191 5 11, 4, Dwain	Former or usual residence / A G. M. S. Lourys , M. M. 19 PLACE OF BURIAL OR REMOVAL OATE OF, BURIAL 20 UNDERTAKER ADORESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), LIVEN, "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Sbock," "Ursemia," "Weakness," mus," "Old Age," "Shock," an be ascertained as the SUICIDAL, OF HOMICINAL, OF as probably sueb, if impossible symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATES "PUERPERAL peritonitis," etc. State cause for which lapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatie), "Atrophy," "Col-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercur-(name origin; "Cancer" is less definite; avoid use of or miscarriage as "PUERPERAL septichaemia," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, ("Con-



	THAT IS	hould state
	RECORD	PHYSICIANS S
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
và.		
>		Z

Village or City Rell (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
FULL NAME KJUVUM JOU	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale Whate Single, Married, Wicower, Wicoward (Write the word) Tage Janu 25, 1834 (Month) (Day (Year) Tage If LESS than 1 day,	(Month) (Day (Year) 17 I hereby Certify, That I attended deceased from 1915, to 1915. that I last saw here alive on 1915. and that death occurred on the date stated above, at 630 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION /	P
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Islesis Slepasis - Mutual Secondary Tracion (Duration) / 5 yrs mas ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) C. Horber Bon M. D. 11/18 , 1913 (Address) WEsternst M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLOGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place 10 the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed No 1/9, 1915 G. L. Stimus Fried No 1/9, 1915 G. L. Stimus Fried No 1/9, 1915 G. L. Stimus Fred Dollar REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV 20, 1915 20 UNDERTAKER ADDRESS Tracel Charrer Westmender

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing meath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as oma, Sarcoma, etc., of..... (name origin; "Can eause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report





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Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise stutement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolvor wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitiul nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; State cause for Examples: For VIO-

If this certificate is two-ed over thoroughly and all questions answered in detail. will prevent further correspondence.

If the certificate is perpanently fied.



	lage or City Watersirlle (No	Registered No. St; Ward) [If death occurred a hospital or institution give its NAME instered of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 GOLOR OR RAGE 5 SINGLE. MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended degreesed from
6 DAT	(Month) (Day) (Year)	and 10, 1914, to Nov (1 1916) that I last saw hell alive on Nov 11 1916
7 AGE	20 yrs. 3 mos. × ds. ORmin.?	and that death occurred on the date stated above, at 12304 n The CAUSE OF DEATH * was as follows:
(b) G busine which	rade, profession, or ular kind of work enaral nature of industry, ss, or establishmant in employed (or employer)	Osabable (Duration) 5 yrs. mos. d
(Sta	10 NAME OF John () Partar	(Secondary) (Duration) yrs mos d (Signed) J. Cleroul I. M.
RENT	1 BIRTHPLACE OF FATHER (State or country) Maryland 2 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL
PA	3 BIRTHPLACE OF MOTHER (State or country) Warntland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the ot death
	tormani) Une O Corter	Where was disaasa contracted, It not at place of death?
15 Filed	Mars) Watersville mil	Morgania Chap Cem Nov 14 , 1912 20 UNDERTAKER





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. childbirth or miscarriage, as "Puerpenal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease "Senile," etc.), (Recommendations on statement of terminal conditions, such as "Ascausing "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



UNFADING INK-THIS

PLAINLY, WITH

WRITE

N. B.-Every Item of Information should be CAUSE OF DEATH in plain terms, so

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

V. S. No. 1.

1 PLACE OF DEATH Important. See instructions on back of certificate.

19393

STATE OF MARYLAND CERTIFICATE OF DEATH

010	Registration Dist, No. 28
Village or City Latafisco (No	St.; Ward) [If death occurred la a hospital or institution, give lis NAME instead
2FULL NAME & XNEWS IX	chards of street and number.]
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Unite the word) S DATE OF BIRTH Manual Wildows (Write the word) Month (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 1 herest Certify, That I attended decessed from 191.5, to 191.5, to 191.5, to 191.5, to 191.5, to 191.5, to
TAGE Soccupation (a) Trade, profession, or particular kind of work Tage ### Age ### Age	and that death occurred on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows: Report
(b) General nature of industry, business, or establishment in which employed (or employer) Perthelace (State or country) Maniform	Contributory Valuation yrs. 2 mos. ds. Secondary Secondary 2
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME 10 NAME OF FATHER (State or country) Maryland	(Signed) (Si
of MOTHER MCUSICIA. Allgare 13 BIRTHPLACE OF MOTHER (State of country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds Where was disease contracted,
(Informant) Unilliagus Rachards (Address) fatafisco 16 Filed Mr 2 1915 Cat Skimus Tocal FREGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS TOTALL MANAGEMENT MANAGEMENT AND ADDRESS
If more blanks are needed, address State Regist	rsz, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise spectness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Laborer-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meminges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronie ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of For VIO-



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on back of certificate. RECORD PERMANENT 15 UNFADING INK-THIS Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate. WRITE

1 PLACE OF DEATH

19394



STATE OF MARYLAND CERTIFICATE OF DEATH

County 24 County	Registration Dist. No. 73
VIIIage or City Patafisco (No. 1900)	St.; Ward) [If death occorred la a hospital or institutioe, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Shingle, Married, Mounted or DIVERGED (IFrite the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Gertify, That I attended deceased from Nov. 12, 1915, to Nov 18th, 1915
(Month) (Day (Year)	that I last saw hamalive on Mov. 17 th, 1915
FOCCUPATION (a) Trade, profession, or particular kind of work Merchant Merchant If LESS than t day, hrs. OR. min.?	and that death occurred on the date stated above, at 1 9 n The CAUSE OF DEATH* was as follows: Interstitial Nephritia,
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Marullound	Gontributory Dilitation of Learl & Secondary Urlina (Auration) was more 7 to
11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Maryfand 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Pachards	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos d Where was disease contracted, it not at place of death? former or and death?
(Address) Patafasci Filed WV 19 1915 6. L. Almenica	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELLE PROCESS 20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very Important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; allyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For vio-



1 PLACE OF DEATH

AN	Coun	Carroll 19395 (a'	CERTIFICATE OF DEATH
Sici	Coun		Registration Dist. No. 74
Exact state	Villag	ge or City Tykesville (No. Springfie 2 FULL NAME Lemnel F. Ride	ela Hosfutal St.; Ward) [If death occurred in a hospital or institution,
XA		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated Ely class	mo	A COLOR OR RACE 5 SINGLE, MARRIED, Pengle or Divorceo (Write the word)	16 DATE OF DEATH November 13th, 1915 (Month) (Day) (Year)
proper	6 DA	TE OF BIRTH March 26 ⁴ , 1876 (Month) (Day) (Year)	July 16 , 1915, to November 13 , 1915,
GE shoumay be	7 AG	E If LESS than	that I last saw ham alive on Movember 134, 1915, and that death occurred on the date stated above, at 5.P. m. The CAUSE OF DEATH * was as follows:
lied. A that it s on ba	a Tra	39 yrs. 7 mos. /8 ds. OR min.? CCUPATION) Trade, profession, or clicular kind of work Florist	acute Lobar Pneumoma
lly supp rms, so	(b)) General nature of Industry lness, or establishment in ich employed (or employer)	(Duration)yrs mos _/-5 ds.
ain te	9 BI	ETHPLACE (State or country) Fried. Country	Secondary (Durglion) yrs mos ds,
ld be din pl		10 NAME OF Cornelius R. Ridenour	(Signed) John Monfock Morris. M. O.
should EATH	State or country)	OFFATHER (State or country) Fred. Country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental,
ation OF D y im	PAR	of Mother amanda Brown	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
nform AUSE Is ver		13 BIRTHPLACE OF MOTHER (State or country): Fred. Country	or RECENT RESIDENTS) At place of death 2 yrs. 3 mos. 20 ds. the 39 yrs. 7 mos. 18 ds.
tate C/		(Informant) C. Elmer Ridewown	Where was disease contracted, If not at place of death? Former or usual residence Annithsbury, North. Co. Md.—
ery ite		(Address) Sanithsburg mask Cof ma	18 PLACE OF BURIAL OR REMOVAL GATE OF BURIAL Kudyavillo Comelo Sove 16, 1912
B.—Eve	15 File	Nov. 14, 1915 MASS Swall	20 UNDERTAKER SOONS ON SON SON SON SON SON
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illies. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At. home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Hemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercuras "Puerperal septicharmia," "Dropsy," "Exhaustion," Never report mere



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n should DEATH i	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME)		*State the Disease Causing Death, or, Causes, state (1) Means of Injury; and (2 Sulcipal or Homicipal.
0 4	PAR	OF MOTHER Mary E. Wilhelin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I
informat CAUSE O N Is very		13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of death
state C		(Informant) CLUA OTHE BEST OF MY KNOWLEDGE	it not at place of daath?
Every it should a OCCUP	15	(Address) Hampslead Md	19 PLACE OF BURIAL OR REMOVAL
œ.	File	ed Mov 22, 191 Pl Blang Musel	20 UNDERTAKER CON YOU
Z		If mare blanks are needed address State Registrar	16 W. Saratoga St. Balto., Requesting V. S. No. 1.

STATE OF MARYLAND TE OF DEATH

ration Dist. No.

[If death occurred in ard) a hospital or institution, give its NAME instead of street and number.]

ADDRESS

CATE OF DEATH (Day) (Month) hat I attended deceased from date stated above, at///m. as follows: DEATH, or, in deaths from VIOLENT DRY; and (2) whether ACCIDENTAL, OSPITALS, INSTITUTIONS, TRANSIENTS, In the State,yrs.mos. ds. DATE OF BURIAL

I DI ARE OF DEATH





[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housestate occupation at beginning of illness. or given up on account-of-the-disease causing death, engaged in domestic service for wages, as Servent, Cook, taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. heod-hamicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Conlapse," "Coma," "Convulsions," "Debility" ("Conlapse," "Convulsions," "Convulsi birth or misearriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inamition," "Maras-Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important: eough; Chronic valvular haart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Careinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Puenperal septichaemia," by carbolic acid-probably "Dropsy," "Exhaustion,"



N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
county Carroll 19396	CERTIFICATE OF DEATH
71	Registration Dist. No. [If death occurred in
Village or City Gunspelend (No. 2FULL NAME Daniel Rup.	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hile Sangle, Midows Widowed, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	200 18, 1915 to 2007 26, 1915, that I last saw h 1222 allive on 2007. 26, 1915
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Retained Blacksmittle (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Maryland. 10 NAME OF FATHER Christophus Ruff. 11 BIRTHPLACE OF FATHER (State or country) Mukrionin 12 MAIDEN NAME OF Climbelle Youf 13 BIRTHPLACE OF MOTHER Climbelle Youf 13 BIRTHPLACE OF MOTHER CSTATE OF MY KNOWLEDGE (State or country) Mukrionin. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Chyplan	(Signed) (Duration) yrs mos & ds. Contributory & John Presentation & ds. (Signed) (Duration) yrs mos & ds. (Signed) (D
16 Nov 27 181 Of Bland Miney	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wesley Clark 29, 1915 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) returu "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for mallgthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; uant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or mlsearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of State cause for Never report



TLY. PHYSICIA Exact statement	Village or City Tus Mexicoles,	CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
KAC.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mation should be carefully supplied. AGE should be stated EXAC EOF DEATH in plain terms, so that it may be properly classified ery important. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE (Month) (Day) (Pear) 1 LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or Particular viand of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 BIRTHPLACE OF MOTHER (State or country)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Month (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Month Minima Min
tate CA	(informant) Newsy Brooks	Where wes disease contracted, If not at place of deeth? Former or usual residence
N. B.—Every iter should sta OCCUPA	(Address) Trew Wireles 15 Filed Nov 10, 1916 - J. Edward Obst Zical REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Mount Cllus Cemeling 20 UNDERTAKER ADDRESS HB constant para Westminster
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

19397

STATE OF MARYLAND

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

write Nonc. state occupation at beginning of illness. If retired from Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Forcman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Loco engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Locomolive engineer, But in many cases, (b) Auto-

Statement of Cause of Beath—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably "PUERPERAL peritonitis," etc. birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intercur-Examples: Accidental drowning, State cause for which Never report mere nound



PERMANENT

OCCUPATION proper UNFADING eupp pla DEATH 0 OF ш CAUSI

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Gounty..... Registration Dist. No. Ilt death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, 191.5 WIDOWED. (Month) (Day (Year) Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ö 11 BIRTHPLACE PARENTS (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME See instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ State yrs. J. mos. Where was disease contracted. If not at place of death? Former or usual residence mportant. (Address)..... 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc.; without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping eough; Chronie mia," "PUERPERAL peritonitie," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (uame origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichaeete, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. is less definite; avoid use of "Tumor" for mally The contributory Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," The nature of the Never report



PERMANENT

4 15

UNFADING INK-THIS

WITH

PLAINLY.

WRITE

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD important. See instructions on back of certificate, item of information should be N. B.-Every Item CAUSE OF

PLACE OF DEATH 19359	STATE OF MARYLAND
County Carroll 19859 12	CERTIFICATE OF DEATH Registration Dist, No. 76
Village or City Westwinsler (No	St.; Ward) [if death occurred is a hospital or institution,
FULL NAME Mary Elizabeth	give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White (Write the word)	16 DATE OF DEATH 25 , 1915 (Month) (Day (Year)
Sefat 29 , 1830 Month) (Day (Year)	that I last saw hea alive on Nov. 24, PM., 1915.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Monshills + Ald age
which emplayed (or employer) BIRTHPLACE (State or country.) Mayland	Contributory Secondary (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State on country) Manyland 2 MAIDEN NAME C. 2	(Signed)
of Mother Ougstell Cassell 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Informant) University	Former or usual residence
(Address) Welliums U.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tlon is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinelisis of lungs, meninges, peritonaeum, etc., Carcinelis

etc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medicai Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultiou," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC -6 1915
BURTAU, V.S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH 119400

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No. 23
Village or City Latafasco (No	St.; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
OCT // 1.9/	15 that I last saw h allve on Nov 18 1915
7 AGE If LESS t 1 day, ds. OR	and that death occurred on the date stated above, at 130 pm. The GAUSE OF DEATH * was as follows:
9 OCCUPATION (a) Trade, protession, or particular kind of work.	Marasmus
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioe) yrs mos. 14 ds.
9 BIRTHPLACE (State or country) Maryland	Secondary Secondary Manation (Deration) yrs mos ds.
11 NAME OF Alvie & Sleencer	(Signed) This f. Coon con M. D.
OF FATHER (State or country) Manufaced	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother of the Shares &	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place In the of death yrs, mos ds. State yrs, mos ds
(Interment) Where & Shewcer	Where was disease contracted, It not at place of death? Former or usual residence
(Address) latapisco,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed ROUZU 1916 D. L. Skinner	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care minc, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonities," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD D

County Carriel 19401	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or officer Littles lower Ba. * FULL NAME him Sarah	Registration Dist. No. St.; Ward) St.; Ward) It death occurred in a hospital or institution give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
Tehrole White the word by do	16 DATE OF DEATH 11 28 , 191 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
Month (Day) (Year) (Month) (Day) (Year) (Itess than 1 day,hrs. ORmio.? (A) Frade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) (State or country) (Address)	that I last saw h. Cr. alive on Nov. 28, 1915. and that death occurred on the date stated above, at 6. A. Mrs. The CAUSE OF DEATH* was as follows: Valvular Digresse of Heart. (Nitral) (Duration) 2 yrs mos ds. Contributory (Secondary) (Deration) 1 yrs mos ds. (Signed) 1 yrs mos ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residence (for Hospitals, Institutions, Transients, or Recent Residence ds. State yrs, mos ds. Where was disease contracted, it not at place of death? Former or usual residence.
FILM Nov-29, 1915 - NiB Hugan	20 INDESTAKER ADDRESS Sallestoras of
If more blanks are needed, address State Registrate	6 E. Franklin St Balto Pequesting V S No. 1





[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 da.; valvular heart disease; Ohronic interstitial nephritts ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can The nature of the Never report



QNIONIB

RESERVED

VIllage or City Sylvanille, Md (No Shangful 2 FULL NAME Martha 1.5	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death eccurred in a hespital or institution, give its RAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Single on pivonger)	16 DATE OF DEATH Multiples 23 , 1915— (Month) (Day) (Year)
TAGE White the second of the	that I last saw here alive on the date stated above, at 1.5 m. The CAUSE OF DEATH * was as follows:
CCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory asture Selevaia de.
10 NAME OF FATHER W. H. SCHALL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MIRTHPLACE OF MOTHER (State or country)	(Signed) (Signed) (State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL (SURCEDAL OF HOMICIDAL) (SENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece in the of death ' WIS. S. 1998, / 2. de. Siels. C. VIS. 1998, de.
(Address) S. S. Hosper S. Musily Med. (Address) S. S. Hosper S. Musily Med. (Address) S. J. John S. Mariely Med. (Address) S. J.	of death

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Forcman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Procery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, Struck by railway train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent DEATHS etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping nephritis, etc. ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of....... (name origin; "Cancer" is less definite; avoid use o "Coma," "Convulsions," "Debility" ("Con"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Poisoned by carbolic is less definite; avoid use of Never report mere acid-probably important.



of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

N.

WRITE PLAINLY, WITH

PERMANENT RECORD

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UNFADING INK-THIS IS

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19403



STATE OF MARYLAND CERTIFICATE OF DEATH

County Coulock	CERTIFICATE OF DESCRIPTION	
	Registration Dist, No. 73	
Village or Gity / Yell (No	St.; Ward) [If death occurred is a hospital or institution.	
*FULL NAME Ruby a Ja	give its NAME instead of street and comber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Temale Ulite (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1915, to 100 6 3, 1916,	
(Month) (Day (Year)	that I last saw h. la alive on . L	
8 yrs 10 mos 20 ds OR min.?	and that death occurred on the date stated above, at \$ 20 M m. The CAUSE OF DEATH* was as follows:	
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Johan franciscoma (Duration) yrs mos 13 is.	
9 BIRTHPLACE (State or country) Marieland	Gentributory Secondary (Buratlee)	
on 11 PIPTURISE OSCAL N. Jaylor	(Signed) 1 temp in totaling h, M. D. Woo 6, 1915 (Address) Westmins to	
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	
13 BIRTHPLACE OF MOTHER (State or country) Manuflaud	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of deathyrs,mosds Where was disease contracted.	
(informant) Index Juffer	Where was disease contracted, If not at place of death?————————————————————————————————————	
(Address) Kelse, 77,9	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed That 7, 1916 Grand Stymes	Convolton New 2, 1815	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question gainfully employed, as At school or At home. mine, etc. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synouym is "Epidemie cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid differencementa"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



PHYSICIANS STATE OF MARYLAND statement CERTIFICATE County OF Registration Dist. No. If death occurred in a hospilal or lostituiton. give its NAME Instead EXACTLY of street and number. RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. stated PERMANENT MARRIED, WIOOWED perly OR DIVORCED (Month) (Day) certificate I HEREBY CERTIFY, That I attended deceased from pe DATE OF BIRTH pinous 191....., to..... Year) be (Day) 7 AGE of may If LESS than and that death occurred on the date stated above, a ы 1 day, hrs. back 5 The CAUSE OF d min.? was as follows: that 60 OCCUPATION supplied (a) Trade, prefession, or instructions particular kind of work 000 General nature of Industry business, or establishment in terms carefully which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) plain See 10 NAME OF be 2 FATHER (Signed) pino important I PARENTS 11 BIRTHPLACE AT OF FATHER S *State the PISEASE CAUSING DRAPH, or, in deaths from VIOLENT (State or country) Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 0 mation 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS 0 Very Li 13 BIRTHPLACE OR RECENT RESIDENTS) infori Sn At alace OF MOTHER In the (1) (State or country) . Vrs.mgs. Every item of in should state CAI OCCUPATION Where was disease contracted, If not af piece of death?..... Former ar uauel rasideaca PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKE ADORESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Forenan," "Manager." "Tealer" etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) (rocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. write None. 6 yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired Statement of Occupation-Procise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerbrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Tunior" for halignant neoplasms); Measles; Whooping ges, perilonacum, etc., Careinonii, Sarcoma, etc., of.... mus," "Old Age," "Shock," "Urarmia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anacmia", symptoms or terininal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronnephritis, etc. (name origin; on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearrage as "Tennenial septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasrent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) to determine definitely. Chronic valeular heart disease; Chronic interstitial Always qualify all diseases resulting from child-"Coma," (merely symptomatic), "Autopay, ("Con-The contributory (secondary or intercur-"Cancer" is Examples: Accidental drowning; ess definite; avoid use of (Recommendations wound



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village or City Mafle Frire (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If dealh occurred in a hospital or institution, give Jis NAME instead of street and aumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWEO OR DIVORCED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
* DATE OF BIRTH OUL 6 , 19/0 (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs.	that I last saw have alive on Nov 20 , 1915 and that death occurred on the date stated above, at 2 M m
8 OCCUPATION (a) Trade, profession, or particular, kind of work (b) General nature of industry business, or establishment in	Continuities (du le Kick by
which employed (or employer) BIRTHPLACE (State or country) Carroll Co, Juda On NAME OF FATHER Colored Fruit In BIRTHPLACE OF FATHER (State or country) The Market of Colored Fruit The M	(Signed) J. N. Sullate Many of Injury; and (2) whether Accidental, Sulcidal of Homeidal,
of MOTHER Aliveda R. Trimita 13 BIRTHPLACE OF MOTHER (State or country) Findencia Co. Ind. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Annie E. Trimita	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds Where was disease contracted, if not at place of death? Former or ssual residence
(Address) Manchesles Med. 15 Filed // 20, 181 5 P. Baltoger Registrar. 1	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL M. Which We de nov. 2/4, 1915 20 UNOERTAKER Jacob Wich & Sous Manchester And,



[Appreved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Housework, or At Hanse, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager." "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or the duties of the household only (not paid Housekeepers of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, c. g., Farmer or Planler, Physi**row** (a) the kind of work and also (b) the nature of the ngineer, Stationary fireman, etc. But in many cases, specially in industrial employments, it is necessary to ('oal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever each and every person, irrespective of age occupations a single word or term on the The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from (b) Auto-Civil

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Typhoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: pneumonia, Bronchapneumonia ("Pneumonia," Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deathis "PUERPERAL perilonitis," etc. State cause for which mus," to determine definitely. Examples: Accidental drowning. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heenorrhage," "Inanition," "Marasctc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), cause. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Coma," The contributory (secondary or intercur-"Convulsions," "Uracmia," "Weakness," "Debility" Never report mere "Atrophy," "Colacid—probably ("Con-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-



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RECORD

PERMANENT

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
19406	CERTIFICATE OF DEATH
County Carro	91/
7.1-	Registration Dist. No.
Village or City Clour (No	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
FULL NAME Samuel M	eyuright of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH MOVEMber 26 1915
Male While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I hereby Certify, That I attended decessed from
Nov. 26 1837	1910, to 101 0 191
(Month) (Day (Year)	that I last saw h 444 allve on 1000 - 26 ,191
7 AGE If LESS than	and that death occurred on the date stated above, at 10:45a,m,
yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	The state of the s
X (a) Trade, profession, or Peters Hassier	Varoucho preumona
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 4s.
9 BIRTHPLACE (State or country)	Contributory Allerwey Secondary
- Country Mary Law	(Doration) vrs mos Z ds
10 NAME OF FATHER	10,000
John Weyleright	(Signed) To Clary . Notes
State or country)	Mor 76, 191 (Address) Newwy, Mo
(State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
11 BIRTHPLACE ONO PROPERTY (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) Maryland	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) ledde for Weyling him	Former or
1 latin min	osual residence
(Address) CLUCV 1700	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	20 UNDERTAKER ADDRESS
Filed Nov 25, 1917 C. M. Jot	ADDRESS ADDRESS
The hig fold HEGISTRAR	Colotina Den Hassenban 12d

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carvin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puenpenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
DEC. 3 1915
DECLAU, V.S.

2	RECORD	PHYSICIANS should state of OCCUPATION is very
Y. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH County Carroll 5 19407	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Marchester (No	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH MOV (Month) (Day) (Kear)	nor, 30 1915 to nor 30 1916. That I last saw have on nor 30 1915
TAGE Still Born mos. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry,	Still Born
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs. mos. ds.
on 11 BIRTHPLACE 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 12 DEFEATHER	(Signed) Of Preston, N. D. Mr 30, 1915 (Address) man chester md
State or country) Mary land (State or country) Mary land 12 MAIDEN NAME? OF MOTHER P. OL, M armacust	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) The BEST OF MY KNOWLEDGE	Former or usual residence
(Address) / Law Share 15	Murcherly Wy 1/30, 1916
REGISTRAR If more blanks are needed, address State Registrar	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the distance cause of the same decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "("roup"); Typhoid fever (never report "Typhoid pueunonia"); Lobar meumonia; Branchopneumonia ("Theumonia") unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ample: Medsles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic valvulur heart disease; Chronic interstitial nephritis. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. miu," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Sarconia. etc.; of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples: For -0IA

